



Employers Dental Services

Enrollment and Coverage Booklet
EDS 300



Employers
Dental
Services

*A Company of the
Principal Financial Group*

WE UNDERSTAND WHAT YOU'RE WORKING FORSM

Principal[®]
*Financial
Group*

Did You Know?

- About 80% of the population believes that a smile is very important to a person's appearance. (May 1998)*
- At least 60% of adults in the US have moderate to severe gum disease. (July 1999)*
- Periodontal (gum) disease is America's number-one oral health issue. (March 1999)*
- Oral diseases and conditions are associated with other health problems**
- 18% of 2 to 4 year old children have experienced tooth decay and 16% have untreated decay.**
- As a result of dental disease:
 - Employed adults lose more than 164 million hours of work each year
 - More than 51 million school hours are lost each year**

* ADA News Releases

** Office of the Surgeon General
Oral Health 2000, Facts and Figures
Oral Health in America, A Report of the Surgeon General (2000)

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Questions?

Customer Service Can Help

- Select a dentist
- Change your current dentist
(changes received by the 24th of the month will be effective the first of the following month)
- Process a new ID card
- Resolve and report a concern
- Explain the formal grievance process
- Explain benefits and your costs
- Process a change of address
- Facilitate care for a dental emergency

If you need assistance, please call:

Customer Service

Phoenix: (602) 248-8912

Tucson: (520) 696-4343

Statewide: 1-800-722-9772

Spanish speaking representatives available

P.O. Box 36600

Tucson, AZ 85740-6600

www.mydentalplan.net

Employers Dental Services

A Company of the Principal Financial Group®

Employers Dental Services is a prepaid dental care organization that has been committed to delivering dental care at an affordable cost since 1974.

Advantages

- No Deductibles
- No Claim Forms
- No Yearly Maximums
- No Waiting Period for Basic, Preventive or Major Services
- Coverage for Pre-existing Conditions, except Procedures in Progress
- Orthodontic Benefits for Children & Adults
- Prescription Discount Program
- Customer Service Department based in Arizona
- Large Network of Participating Dentists
- Emergency Benefit 24 Hours a Day
- EDS Dentists Participate in our Quality Management and Peer Review Programs
- Value and Affordability with Focus on Preventive Procedures

Enrollment

- Please read this Enrollment and Coverage Booklet carefully.
- You are eligible after you have met your employer's waiting period or during your employer's annual open enrollment.
- Select a dentist from the EDS Directory of Participating Dentists and Specialists.
- Complete **all** sections of your enrollment form.
- Return your completed enrollment form to your Benefits Administrator.
- You will receive an ID card after your effective date. Your ID card is **not** required for dental appointments.
- Your Benefits Administrator will be able to assist you with your enrollment.

Appointments

- Schedule your appointment with your chosen dental office after your effective date.
- Your first appointment will be to meet the dentist and receive an evaluation of your oral health.
- If you are unable to keep your scheduled appointment, please notify the dental office at least 24 hours in advance or a missed appointment fee will be charged.
- Office policies and practices vary by dental office. Not all dentists perform all procedures.
- Your dentist will answer questions about your treatment plan.

Member Costs

- An office visit fee will be charged at each appointment.
- All fees will be paid to the dental office at the time services are rendered.
- Your member costs, listed on the following pages of this booklet, are for procedures performed by your chosen EDS general dentist.
- The column listed as average costs represents what you could expect to pay without any dental coverage.



Schedule of Benefits EDS 300

Specialists

Endodontists, Oral Surgeons, Pediatric Dentists, Periodontists, Prosthodontists and TMD Dentists

EDS Specialists offer up to 25% off their normal fees for services specifically described in this schedule of benefits. All fees will be paid to the specialist at the time of treatment. **A referral is not required.**

General Dentists

Member costs listed below are for services provided by your chosen EDS General Dentist.

ADA CODE	CDT - PROCEDURE DESCRIPTION	AVERAGE COST	MEMBER COST
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DIAGNOSTIC — Procedures that aid the dentist in evaluating existing conditions and determining what dental care is required.

09431	OFFICE VISIT - PER PATIENT/PER VISIT		3.00
00120	PERIODIC ORAL EVALUATION	34.00	NO CHARGE
00140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	56.00	12.00
00150	COMPREHENSIVE ORAL EVALUATION	55.00	NO CHARGE
00160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY PERIODONTIST'S REPORT		55.00
00170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED	72.00	15.00
00210	X-RAYS - COMPLETE SERIES	90.00	NO CHARGE
00220	X-RAYS - FIRST FILM	19.00	NO CHARGE
00230	X-RAYS - EACH ADDITIONAL FILM	16.00	NO CHARGE
00240	X-RAYS - OCCLUSAL	20.00	NO CHARGE
00270	X-RAYS - BITEWING - SINGLE FILM	18.00	NO CHARGE
00272	X-RAYS - BITEWINGS - TWO FILMS	29.00	NO CHARGE
00274	X-RAYS - BITEWINGS - FOUR FILMS	41.00	NO CHARGE
00330	X-RAYS - PANORAMIC FILM	75.00	NO CHARGE
00460	PULP VITALITY TESTS	28.00	NO CHARGE
00470	DIAGNOSTIC CASTS	79.00	10.00

PREVENTIVE — Procedures that prevent the occurrence of oral diseases.

01110	CLEANING ADULT (PROPHYLAXIS)	65.00	NO CHARGE
01120	CLEANING CHILD (PROPHYLAXIS)	50.00	NO CHARGE
01201	TOPICAL FLUORIDE & CLEANING - CHILD	70.00	NO CHARGE
01203	TOPICAL APPLICATION OF FLUORIDE - CHILD	23.00	NO CHARGE
01310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE		NO CHARGE
01330	ORAL HYGIENE INSTRUCTIONS	35.00	NO CHARGE
01351	SEALANT-PER TOOTH	36.00	12.00
01510	SPACE MAINTAINER-FIXED-UNILATERAL	221.00	20.00+LAB
01515	SPACE MAINTAINER-FIXED-BILATERAL	334.00	20.00+LAB
01520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	225.00	20.00+LAB
01525	SPACE MAINTAINER-REMOVABLE-BILATERAL	389.00	20.00+LAB
01550	RECEMENTATION OF SPACE MAINTAINER	50.00	20.00

RESTORATIVE — Procedures for restoring lost tooth structure.

02110	AMALGAM FILLING-ONE SURFACE, PRIMARY	80.00	8.00
02120	AMALGAM FILLING-TWO SURFACES, PRIMARY	95.00	11.00
02130	AMALGAM FILLING-THREE SURFACES, PRIMARY	112.00	15.00
02131	AMALGAM FILLING-FOUR OR MORE SURFACES, PRIMARY	145.00	17.00
02140	AMALGAM FILLING-ONE SURFACE, PERMANENT	103.00	9.00
02150	AMALGAM FILLING-TWO SURFACES, PERMANENT	125.00	13.00
02160	AMALGAM FILLING-THREE SURFACES, PERMANENT	150.00	17.00
02161	AMALGAM FILLING-FOUR OR MORE SURFACES, PERMANENT	160.00	21.00
02330	RESIN FILLING-ONE SURFACE, ANTERIOR	110.00	22.00
02331	RESIN FILLING-TWO SURFACES, ANTERIOR	138.00	28.00

ADA CODE	CDT - PROCEDURE DESCRIPTION	AVERAGE COST	MEMBER COST
02332	RESIN FILLING-THREE SURFACES, ANTERIOR	162.00	40.00
02335	RESIN FILLING-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	190.00	52.00
02380	RESIN FILLING-ONE SURFACE, POSTERIOR-PRIMARY	96.00	22.00
02381	RESIN FILLING-TWO SURFACES, POSTERIOR-PRIMARY	120.00	28.00
02382	RESIN FILLING-THREE OR MORE SURFACES, POSTERIOR-PRIMARY	150.00	40.00
02385	RESIN FILLING-ONE SURFACE, POSTERIOR-PERM	118.00	22.00
02386	RESIN FILLING-TWO SURFACES, POSTERIOR-PERM	155.00	28.00
02387	RESIN FILLING-THREE OR MORE SURFACES, POSTERIOR-PERMANENT	188.00	44.00
02510	INLAY-METALLIC-ONE SURFACE	450.00	135.00
02520	INLAY-METALLIC-TWO SURFACES	650.00	150.00
02530	INLAY-METALLIC-THREE OR MORE SURFACES	795.00	170.00
02740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	803.00	260.00+LAB
02750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	750.00	250.00+LAB
02751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	690.00	250.00+LAB
02752	CROWN-PORCELAIN FUSED TO NOBLE METAL	720.00	250.00+LAB
02790	CROWN-FULL CAST HIGH NOBLE METAL	750.00	250.00+LAB
02791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	710.00	250.00+LAB
02792	CROWN-FULL CAST NOBLE METAL	715.00	250.00+LAB
02799	PROVISIONAL - CROWN - USED AS AN INTERIM RESTORATION OF AT LEAST 6 MONTHS	200.00	38.00
02810	CROWN-3/4 CAST METALLIC	700.00	250.00+LAB
02910	RECEMENT INLAY	70.00	20.00
02920	RECEMENT CROWN	73.00	20.00
02930	PREFABRICATED STAINLESS STEEL CROWN-PRIM TOOTH	175.00	50.00
02931	PREFABRICATED STAINLESS STEEL CROWN-PERM TOOTH	200.00	50.00
02940	SEDATIVE FILLING TEMPORARY FILLING TO RELIEVE PAIN	72.00	NO CHARGE
02950	CORE BUILDUP INCLUDING PINS	178.00	40.00
02951	PIN RETENTION-PER TOOTH, IN ADDITION TO FILLING/CROWN	50.00	40.00
02952	CAST POST AND CORE IN ADDITION TO CROWN	288.00	70.00
02953	EACH ADDITIONAL CAST POST - SAME TOOTH		45.00
02954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	220.00	60.00
02960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	350.00	175.00
02961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	350.00	175.00+LAB
02962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	500.00	250.00+LAB
02970	TEMPORARY CROWN (FRACTURED TOOTH)	160.00	40.00

ENDODONTICS (Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve).

03110	PULP CAP-DIRECT	57.00	5.00
03120	PULP CAP-INDIRECT	45.00	5.00
03220	THERAPEUTIC PULPOTOMY	113.00	30.00
03230	PULPAL THERAPY ANTERIOR, PRIMARY TOOTH	170.00	75.00
03240	PULPAL THERAPY POSTERIOR, PRIMARY TOOTH	221.00	85.00
03310	ROOT CANAL - ANTERIOR	530.00	170.00
03320	ROOT CANAL - BICUSPID	650.00	190.00
03330	ROOT CANAL - MOLAR	855.00	265.00
03346	RETREATMENT ROOT CANAL - ANTERIOR	667.00	320.00
03347	RETREATMENT ROOT CANAL - BICUSPID	750.00	350.00
03348	RETREATMENT ROOT CANAL - MOLAR	950.00	450.00
03351	APEXIFICATION/RECALCIFICATION - INITIAL	283.00	90.00
03352	APEXIFICATION/RECALCIFICATION - INTERIM	142.00	90.00
03353	APEXIFICATION/RECALCIFICATION - FINAL	575.00	90.00
03410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	550.00	170.00
03421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	675.00	170.00
03425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)	795.00	170.00
03426	APICOECTOMY/PERIRADICULAR SURGERY-(EACH ADDITIONAL ROOT)	212.00	125.00
03430	RETROGRADE FILLING-PER ROOT	200.00	90.00
03450	ROOT AMPUTATION-PER ROOT	390.00	90.00
03920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	250.00	90.00

ADA CODES	CDT - PROCEDURE DESCRIPTIONS	AVERAGE COSTS	MEMBER COST	ADA CODES	CDT - PROCEDURE DESCRIPTIONS	AVERAGE COSTS	MEMBER COST
PERIODONTICS — Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane.				06721	CROWN-RESIN FUSED TO PREDOMINANTLY BASE METAL	600.00	250.00+LAB
04210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	410.00	225.00	06740	CROWN-PORCELAIN/CERAMIC		235.00+LAB
04211	GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	147.00	75.00	06750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	750.00	250.00+LAB
04220	GINGIVAL CURETTAGE, SURGICAL, PER QUADRANT	258.00	150.00	06751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	730.00	250.00+LAB
04240	GINGIVAL FLAP PROCEDURES, INCLUDING ROOT PLANING - PER QUADRANT	512.00	250.00	06752	CROWN-PORCELAIN FUSED TO NOBLE METAL	723.00	250.00+LAB
04249	CLINICAL CROWN LENGTHENING - HARD TISSUE	650.00	250.00	06780	CROWN-3/4 CAST HIGH NOBLE METAL	720.00	250.00+LAB
04260	OSSEOUS SURGERY INCLUDING FLAP ENTRY & CLOSURE-PER QUADRANT	870.00	365.00	06790	CROWN-FULL CAST HIGH NOBLE METAL	745.00	250.00+LAB
04320	PROVISIONAL SPLINTING-INTRACORONAL	165.00	75.00	06791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	625.00	250.00+LAB
04321	PROVISIONAL SPLINTING-EXTRACORONAL	310.00	80.00	06792	CROWN-FULL CAST NOBLE METAL	710.00	250.00+LAB
04341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	200.00	90.00	06930	RECEMENT FIXED PARTIAL DENTURE	103.00	30.00
04355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	140.00	80.00	06972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	225.00	60.00
04381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER SITE		15.00	ORAL SURGERY — Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity.			
04910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	97.00	60.00	07110	EXTRACTION SINGLE TOOTH	100.00	35.00
PROSTHODONTICS — Procedures for providing artificial replacements for missing natural teeth.				07120	EXTRACTION EACH ADDITIONAL TOOTH	100.00	25.00
05110	COMPLETE DENTURE-UPPER	1,000.00	325.00+LAB	07130	ROOT REMOVAL-EXPOSED ROOTS	125.00	55.00
05120	COMPLETE DENTURE-LOWER	950.00	325.00+LAB	07150	EXTRACTION FOR ORTHODONTICS - EXCLUDING THIRD MOLARS	80.00	45.00
05130	IMMEDIATE DENTURE-UPPER	1,100.00	350.00+LAB	07210	SURGICAL REMOVAL OF ERUPTED TOOTH	187.00	60.00
05140	IMMEDIATE DENTURE-LOWER	1,000.00	350.00+LAB	07220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	187.00	85.00
05211	UPPER PARTIAL - RESIN BASE	775.00	375.00+LAB	07230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	225.00	100.00
05212	LOWER PARTIAL - RESIN BASE	875.00	375.00+LAB	07240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	268.00	120.00
05213	UPPER PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	1,050.00	400.00+LAB	07250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	195.00	70.00
05214	LOWER PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	1,050.00	400.00+LAB	07270	TOOTH REIMPLANTATION AND/OR STABILIZATION	250.00	150.00
05281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL	440.00	160.00+LAB	07310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-PER QUADRANT	175.00	110.00
05410	ADJUST COMPLETE DENTURE-UPPER	64.00	25.00	07320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-PER QUADRANT	200.00	110.00
05411	ADJUST COMPLETE DENTURE-LOWER	53.00	25.00	07510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	150.00	80.00
05421	ADJUST PARTIAL DENTURE-UPPER	53.00	25.00	07960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	316.00	90.00
05422	ADJUST PARTIAL DENTURE-LOWER	53.00	25.00	07971	EXCISION OF PERICORONAL GINGIVA	140.00	90.00
05510	REPAIR BROKEN COMPLETE DENTURE BASE	134.00	10.00+LAB	07997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE INCLUDES REMOVAL OF ARCHBAR)		25.00
05520	REPLACE MISSING OR BROKEN TEETH-COMplete DENTURE (EACH TOOTH)	110.00	10.00+LAB	OTHER SERVICES			
05610	REPAIR RESIN DENTURE BASE	119.00	10.00+LAB	09110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	84.00	5.00
05620	REPAIR CAST FRAMEWORK	155.00	10.00+LAB	09230	ANALGESIA (NITROUS OXIDE) - PER 15 MINUTE UNIT	44.00	25.00
05630	REPAIR OR REPLACE BROKEN CLASP	179.00	10.00+LAB	09310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY A DENTIST OTHER THAN PRACTITIONER PROVIDING TREATMENT)	227.00	NO CHARGE
05640	REPLACE BROKEN TEETH-PER TOOTH	112.00	10.00+LAB	09430	OFFICE VISIT FOR OBSERVATION DURING REGULARLY SCHEDULED HOURS-NO OTHER SERVICES PERFORMED	50.00	NO CHARGE
05650	ADD TOOTH TO EXISTING PARTIAL DENTURE	150.00	10.00+LAB	09431	OFFICE VISIT - PER PATIENT/PER VISIT	7.00	3.00
05660	ADD CLASP TO EXISTING PARTIAL DENTURE	130.00	10.00+LAB	09440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	105.00	45.00
05710	REBASE COMPLETE UPPER DENTURE	350.00	20.00+LAB	09630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	45.00	UCR
05711	REBASE COMPLETE LOWER DENTURE	350.00	20.00+LAB	09630	OTHER DRUGS AND/OR MEDICAMENTS, PERIDEX	12.00	17.00
05720	REBASE UPPER PARTIAL DENTURE	350.00	20.00+LAB	09920	BEHAVIOR MANAGEMENT	165.00	35.00
05721	REBASE LOWER PARTIAL DENTURE	350.00	20.00+LAB	09940	OCCUSAL GUARD, BY REPORT	416.00	90.00
05730	RELINE COMPLETE UPPER DENTURE (CHAIRSIDE)	200.00	69.00	09951	OCCUSAL ADJUSTMENT LIMITED	75.00	45.00
05731	RELINE COMPLETE LOWER DENTURE (CHAIRSIDE)	180.00	69.00	09952	OCCUSAL ADJUSTMENT COMPLETE	325.00	120.00
05740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	180.00	69.00	09972	EXTERNAL BLEACHING - PER ARCH	150.00	125.00
05741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	180.00	69.00	09973	EXTERNAL BLEACHING - PER TOOTH	125.00	60.00
05750	RELINE COMPLETE UPPER DENTURE (LABORATORY)	286.00	10.00+LAB	09974	INTERNAL BLEACHING - PER TOOTH	162.00	60.00
05751	RELINE COMPLETE LOWER DENTURE (LABORATORY)	275.00	10.00+LAB	09988	MISSED APPOINTMENT - FIRST	25.00	25.00
05760	RELINE UPPER PARTIAL DENTURE (LABORATORY)	360.00	10.00+LAB	09988	MISSED APPOINTMENT - ADDITIONAL	35.00	20.00
05761	RELINE LOWER PARTIAL DENTURE (LABORATORY)	250.00	10.00+LAB	09990	RECORDS TRANSFER - DUPLICATION FEE	20.00	UCR
05820	INTERIM PARTIAL DENTURE (UPPER)	350.00	150.00+LAB	UCR: Usual Customary and Reasonable or Normal Office Fees			
05821	INTERIM PARTIAL DENTURE (LOWER)	394.00	150.00+LAB	LAB: Fees charged by the dental laboratory to fabricate certain dental products e.g. crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.			
05850	TISSUE CONDITIONING, UPPER	120.00	20.00				
05851	TISSUE CONDITIONING, LOWER	120.00	20.00				
06210	PONTIC-CAST HIGH NOBLE METAL	745.00	250.00+LAB				
06211	PONTIC-CAST PREDOMINANTLY BASE METAL	620.00	250.00+LAB				
06212	PONTIC-CAST NOBLE METAL	665.00	250.00+LAB				
06240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	747.00	250.00+LAB				
06241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	702.00	250.00+LAB				
06242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	715.00	250.00+LAB				
06245	PONTIC-PORCELAIN/CERAMIC	770.00	235.00+LAB				
06545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	435.00	165.00				

Orthodontics for Children and Adults

Effective January 1, 2004

EDS Orthodontists offer 25% off their normal and customary fees. There is:

- **No Waiting Period**
- **No Referral Required**
- **No Lifetime Benefit Maximum**

Treatment plan and payment terms are defined by the contract you sign with your chosen EDS Orthodontist.

EDS Coverage must be maintained for the duration of treatment in order to avoid normal and customary fees.

Individuals receiving Orthodontic treatment under another program are not eligible to participate. This is considered treatment in progress and is therefore excluded.



Temporomandibular Joint Dysfunction - TMD

EDS provides coverage for the treatment of TMD as a part of your dental care benefit. Procedures and services for the treatment of TMD will be charged at up to 25% off the TMD dentist's office fees.

You may call an EDS TMD dentist at any time. Please consult the list of EDS TMD dentists in your area.

Referral from general dentist not required.

Emergency Care Benefit

The maximum allowable reimbursement is \$200 minus any member costs which are listed in this booklet.

EDS provides coverage for dental emergencies. Please contact your EDS general dentist first. If you are unable to reach your EDS general dentist, you may seek care immediately from any licensed dentist.

EDS will provide coverage for the *temporary* relief of:

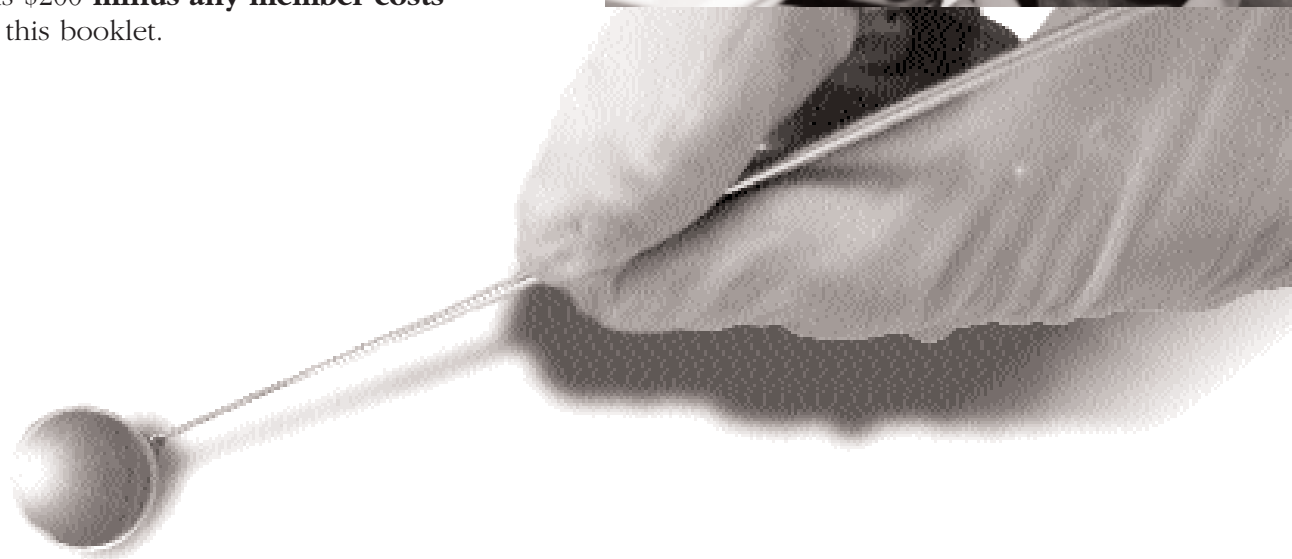
- Pain (palliative treatments to control pain),
- Bleeding, and
- Infection.

Follow up or additional treatment must be done by your EDS general dentist.

After emergency treatment, you may receive your reimbursement by submitting a copy of your paid itemized receipt to:

EDS
P.O. Box 36600
Tucson, AZ 85740-6600

The maximum allowable reimbursement for a dental emergency is \$200 **minus any member costs** which are listed in this booklet.



Prescription Discount Program (not an insurance)

What is the Prescription Discount Program?

It is a program that offers substantial discounts on prescription drugs purchased through affiliated pharmacies. As a member of Employers Dental Services you are eligible for a prescription drug benefit.

How does the program work?

When you need to fill a prescription, go to one of the participating pharmacies and present your EDS I.D. card with the prescription. **YOU MUST PRESENT YOUR EDS CARD** to receive the following discount:

- **Brand Name** drugs are offered at the average wholesale price less 15%, plus a \$3.00 dispensing fee.
- **Generic Substitutes** are offered at the average wholesale price less 30%, plus a \$3.00 dispensing fee.

This program is not valid in combination with other discount plans, HMO prescription benefits or prescription cards. The program is available to EDS members and their families. All family members do not have to be enrolled in EDS to utilize the prescription discount program. This benefit is good on medical as well as dental prescriptions.

Which stores participate in the Prescription Discount Program?

Currently, pharmacies located in Bashas', Fry's, and Safeway stores participate in APN.



Eligible Dependents

Eligible dependents will include lawful spouse and unmarried children to age 19, or any unmarried children to age 25, who attend an accredited educational institution on a full time basis and are fully dependent on employee for support or as stated in the employer's master contract.

Participants may add dependents midyear if a marriage occurs. Participants may add dependents at date of employer group open enrollment.

Dependent newborns or adopted children or children placed for adoption will be eligible immediately upon birth or upon adoption or placement for adoption. All newly eligible dependents must be added within 31 days of change. Dependent children must be deleted when they are no longer eligible.

EDS Conversion Plan

When your EDS coverage terminates, you have the option of converting to an EDS Conversion Plan. Please call our Customer Service Department at 1-800-722-9772 for information. Enrollment forms are accepted within 31 days of coverage termination.



Member Rights and Responsibilities

Member Rights

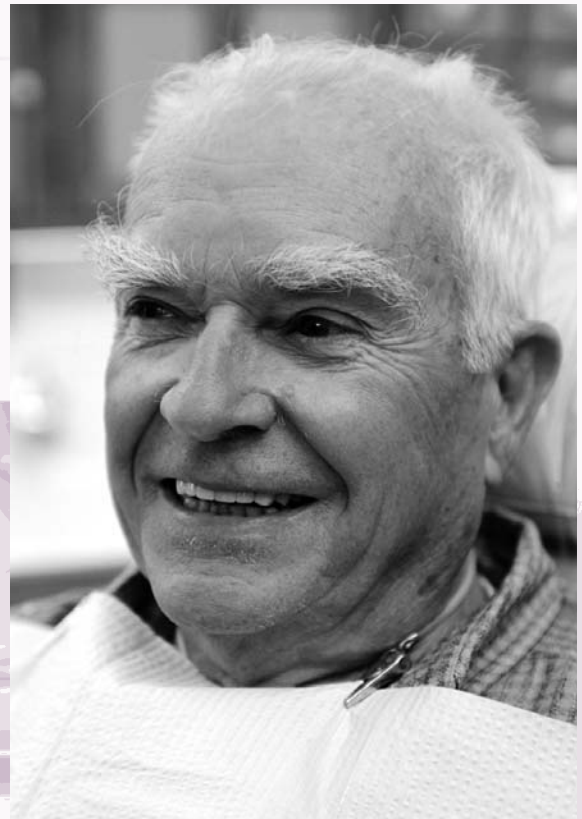
1. You have the right to have an initial appointment (non emergency) scheduled within 63 days of your request.
2. You have the right to have access to emergency dental health services 24 hours per day, 365 days per year.
3. You have the right to obtain appropriate care from your EDS participating dentist.
4. You have the right to considerate and respectful care from all participating primary care dentists and staff members in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap or national origin.
5. You have the right to be informed about your current dental health, treatment options, possible risks, likely outcomes, and to participate in decision-making with your participating dentist. This may include, but is not limited to obtaining a second opinion from another participating primary care dentist.
6. You have the right to voice recommendations for changes in policies and services to our company.
7. You have the right to voice grievances concerning our company, or the care delivered by our company's participating dentists.
8. You have the right to receive information regarding our company's appeals, complaint and grievance process and to receive a Formal Appeals and Grievance Brochure.
9. You have the right to receive information concerning changes in benefits or termination of any covered services or participating dentists that may affect you.
10. You have the right to receive information regarding your member cost and payment of charges for which you will be responsible before your dentist begins any procedure.
11. You have the right to expect that our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, participating primary care dentists, how to obtain dental health care services and your member rights and responsibilities.
12. You have the right to expect that information concerning your dental records and the dentist/patient relationship is kept confidential unless you have given written permission to release such information, except when otherwise required or permitted by law.
13. You have the right to review your dental records, treatment plan, a progress report on treatment that has already been provided and to have the information explained to you except when restricted by law.
14. You have the right to change your participating primary care dentist by calling our Customer Service Department at 1-800-722-9772 by the 24th of any month. The change will be effective on the first day of the following month.
15. You have the right to have a recall appointment, at an interval specified by your dentist, to have your teeth cleaned and/or an oral examination.
16. You have the right to obtain care while temporarily out of the service area for infection, temporary relief of dental pain, and the control of bleeding due to dental problems, by going to the dentist of your choice.
17. You have the right, where available, to continue your dental health care coverage upon disenrollment through COBRA.
18. You have the right to have a Customer Service Representative assist you in getting an appointment and/or resolving problems by calling 1-800-722-9772.

Member Responsibilities

1. You are responsible to recognize the effect of your lifestyle on your personal dental health.
2. You are responsible to call us at 1-800-722-9772 and report to our Customer Service Representative any situation where you perceive that your rights are violated.
3. You are responsible to provide, to the extent possible, accurate information needed by participating primary care dentists in order to provide care for your dental health including past illnesses, medical history and use of medicines.
4. You are responsible, if you have a written directive from another health-care provider, to provide a copy of this to your participating dentist.
5. You are responsible for selecting a participating primary care dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
6. You are responsible for following our company's guidelines for obtaining referrals and/or authorizations to participating specialists for care.
7. You are responsible for asking questions of your dental health professional when you do not understand information or instruction.
8. You are responsible to seek support from our Customer Service Department, by calling 1-800-722-9772, when you need assistance to access your dental health care benefits.
9. You are responsible for letting your dentist know if you feel that you will not be able to follow through with a recommended treatment plan or post operative instructions.
10. You are responsible to obtain and follow through with dental health care that is prescribed, or directed by your participating dentist that you agree to, and is authorized by our company.
11. You are responsible to show courtesy, consideration and respect to participating dentists, their staff and to our company's representatives.
12. You are responsible, not the dental office, to know what is covered and what is excluded from your dental plan.
13. You are responsible to understand and to pay, at the time of service, any required member costs for dental procedures as indicated in your Schedule of Benefits.
14. You are responsible to contact your participating primary care dentist for follow up dental care instructions following any emergency dental treatment.
15. You are responsible, as a parent or legal guardian, to stay in the dental office while your minor dependent child(ren) receives dental treatment.
16. You are responsible to provide 24 hours notice of cancellation on any appointment you are unable to keep. Failure to do so will result in a missed appointment fee being charged.
17. You are responsible to follow our guidelines as described above and in your enrollment and coverage brochure. If you are unable to do so, it will result in termination from the plan.

Exclusions and Limitations

1. Visits or services performed by a Dentist, Specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. Any dental services which, in the judgement of the Dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition which is subject to treatment by the practice of dentistry.
3. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member under this Plan.
4. Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public program, State, Federal or Local, or any program of medical benefits sponsored and paid for by the Federal Government, the State Government, any County or municipal government or any program of medical benefits sponsored and paid for by the Federal Government or any agency thereof.
5. Any dental service not specifically described in the Schedule of Benefits.
6. Any dental services, other than emergency dental services, which are related to accidents or accidental injury.
7. Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
8. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the Schedule of Benefits.
9. Any dental services, other than emergency dental services, which are necessitated as a result of intentionally self inflicted condition.
10. Oral surgery or extractions which are solely for orthodontic purposes or requiring the setting of fractures or dislocations, except as may be specifically provided for in the Schedule of Benefits.
11. Treatment of malignancies, cysts, neoplasm or congenital defects.
12. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion except as may be specifically provided for in the Schedule of Benefits.
13. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
14. Gold foil restoration.
15. Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension or to restore an occlusion or to correct a congenital condition.
16. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation under the Plan.
17. If a member continually fails to follow a prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.



Formal Grievance & Appeals Process

Levels of Review

EDS members may ask EDS to review its decisions involving their requests for services or requests to have claims paid. The Arizona State Legislatures have established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the Expedited Appeals Level 1 (Expedited Dental Review), Level 2, (Expedited Appeal), Level 3 (Expedited External Independent Dental Review) or Standard Appeals Level 1 (Informal Reconsideration). EDS members have two levels of review available to them. They are Standard Appeals Level 2 (Formal Appeal) and Level 3 (External Independent Dental Review).

There are two types of appeals: an expedited appeal for urgent matters, and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patients' condition.

Expedited Appeals

(For urgently needed service you have not yet received)

Level 1	Expedited Dental Review
Level 2	Expedited Appeal
Level 3	Expedited External Independent Dental Review

Standard Appeals

(For non urgent services or denied claims)

Informal Reconsideration
Formal Appeal
External Independent Dental Review

To submit a request for Formal Appeal, please send a written request to:

EDS Grievance and Appeals Coordinator
P.O. Box 36600
Tucson, AZ 85740-6600
Phone: 1-800-722-9772
Facsimile: (520) 696-4311

Need more information?

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy of the formal Grievance and Appeals Brochure you may call our Customer Service Department at:

Phoenix: (602) 248-8912

Tucson: (520) 696-4343

Statewide: 1-800-722-9772



**Employers
Dental
Services**

Marketing Department
P.O. Box 36600
Tucson, AZ 85740-6600